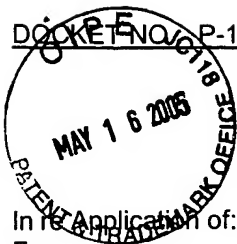


IFW




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application of: Yong K. Cho et al.
 For: Implantable Medical Device and Method for Delivering Therapy for Sleep-Disordered Breathing
 Serial No.: 10/693,375
 Filed: October 24, 2003

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 12th day of May, 2005.


 Signature
 Sue McCoy
 Printed Name

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:


- ☒ Supplemental Information Disclosure Statement
- ☒ PTO FORM 1449
- ☒ Copies cited references
- ☒ Return Postcard

FEE CALCULATION

- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)
- ☒ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(d) with Certification

- ☐ Applicant hereby petitions for a _____ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- ☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

5/12/05
 Date


 Daniel G. Chapik
 Reg. No. 43,424
 Telephone: (763) 514-3066
 Customer No. 27581



PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Yong K. Cho et al. Docket No.: P-11461.00
Serial No.: 10/693,375 Group Art: 3736
Filed: October 24, 2003 Examiner:
Title: IMPLANTABLE MEDICAL DEVICE AND METHOD FOR DELIVERING
THERAPY FOR SLEEP-DISORDERED BREATHING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

The enclosed patents are cited as potentially pertinent to examination of the above application. The attorney for applicants certifies according to CFR §1.97(e) that each item of information contained in this Supplemental Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign patent application not more than three months prior to filing of the Statement.

Respectfully submitted,

YONG K. CHO ET AL.

By: 

Daniel G. Chapik
Registration No. 43,424
Tele: (763) 514-3066
Customer No. 27581

Date Mailed:

Page 1 of 1

FORM PTO-1449

(Rev. 2-32)

**SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Use several sheets if necessary)

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.:
P-11461.00

SERIAL NO: 10/693,375

APPLICANT: Yong K. Cho et al.

FILING DATE:
October 24, 2003

GROUP: 3736

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE ISSUED	INVENTOR NAME	U.S. CLASS	U.S. SUB- CLASS	FILING DATE IF APPROPRIATE
	AA	2003/0153954 A1	08/14/03	Park et al.	607	17	
	AB	2002/0193697 A1	12/19/02	Cho et al.	600	529	

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE PUBLICATION	COUNTRY	INT. CLASS	INT. SUB- CLASS	TRANSLATION	
							YES	NO
		EP 0 940 155 B1	28.04.2004	EP	A61N	1/36		

OTHER DOCUMENTS (Including Author, Title, Date Pertinent Pages, Etc.)

EXAMINER

DATE CONSIDERED

EXAMINER:

Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.